

No. 300
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#60051
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41646

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11083**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month
(Specify whether life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6010 Pershing
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME CHARLES R. MCALISTER

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Claudy McAlister

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 10 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance

11. Industry or business _____

12. Name John McAlister

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret McAlister

15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. A. McAlister.

(b) Address 6010 Pershing

17. (a) burial (b) Date thereof 12/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd., St. Louis, Mo.

19. (a) DEC 23 1948 (b) J. B. Lanster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 1948 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from 11/25/48
_____ 19____, to Dec. 21st 19 48
that I last saw him alive on Dec. 21st 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary artery occlusion 6 hrs.

Due to Arteriosclerosis

Due to _____

Other conditions Hemiplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Same

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature N. M. Lanster 1515 Lafayette 12/23/48
(City or town) (State)

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Gas. E. McCulloch*
Licensed Embalmer No. 2460
P. O. Address 6170 Palm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.